

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000497

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESLOCK Code No.       
Pick up Address: 13344 S. MAIN ST L.A.  
Telephone Number: 213 3222270 P.O. or Contract No.       
Order Placed By:      Date: 2-8-80  
Type of Process which Produced Wastes: METAL PLATING Code No.       
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Cannery waste              |
| 6. <input type="checkbox"/> Tetrathyl lead sludge  | 13. <input type="checkbox"/> Water waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Sludge and water           |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify)      Code No.     

### Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	ppm
1. <u>    </u>			
2. <u>    </u>			
3. <u>    </u>			
4. <u>    </u>			
5. <u>    </u>			
6. <u>    </u>			

### Hazardous Properties of Waste:

pH      ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume:      ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)       
Containers:      ☐ drums ☐ cartons ☐ bags ☐ other (specify)       
Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)       
Special Handling Instructions (if any):     

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

      
Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No. 21  
Business Address: P.O. Box 59389 L.A. Calif 90059  
Telephone Number: 757-1855 Pick Up:      Time:       
State Liquid Waste Hauler's Registration No. (if applicable):     

Job No.:      No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type):      Code No.       
Site Address:     

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

### Handling Method(s):

- ☐ recovery  
☐ treatment (specify):       
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):      Code No.

If waste is held for disposal at this site, location:     

Disposal Date: 2-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

No 240

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 434-6300.

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